

**INTERSTATE
COMPACT
ON THE PLACEMENT
OF CHILDREN**

TRAINING GUIDE

**“When you think
OUT-OF-STATE,
think INTERSTATE”**

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Definition of the ICPC:

- * ICPC provides protection and services to children who are being placed across state lines for the purposes of foster care and adoption, into Group Homes, Residential Treatment Centers and other child caring institutions.**
- * ICPC is uniform legislation in all states, and has the force of statutory law in each state.**
- * It is a legally binding agreement among all states. Serves as a reciprocal instrument.**
- * Interstate Compact provisions are the same in every state.**

The Law Requires:

- * Notice and evaluation of the suitability of a placement before it is made.**
- * Approval of the placement prior to the placement.**
- * Assignment of legal and administrative responsibilities to the sending and receiving parties.**
- * The placement be in the child's best interest.**
- * Compliance with the laws of both states to the extent possible.**

Placements Covered by the ICPC:

- > PARENT***
- > ADOPTIVE**
- > RELATIVE**
- > GROUP HOME**
- > FOSTER**

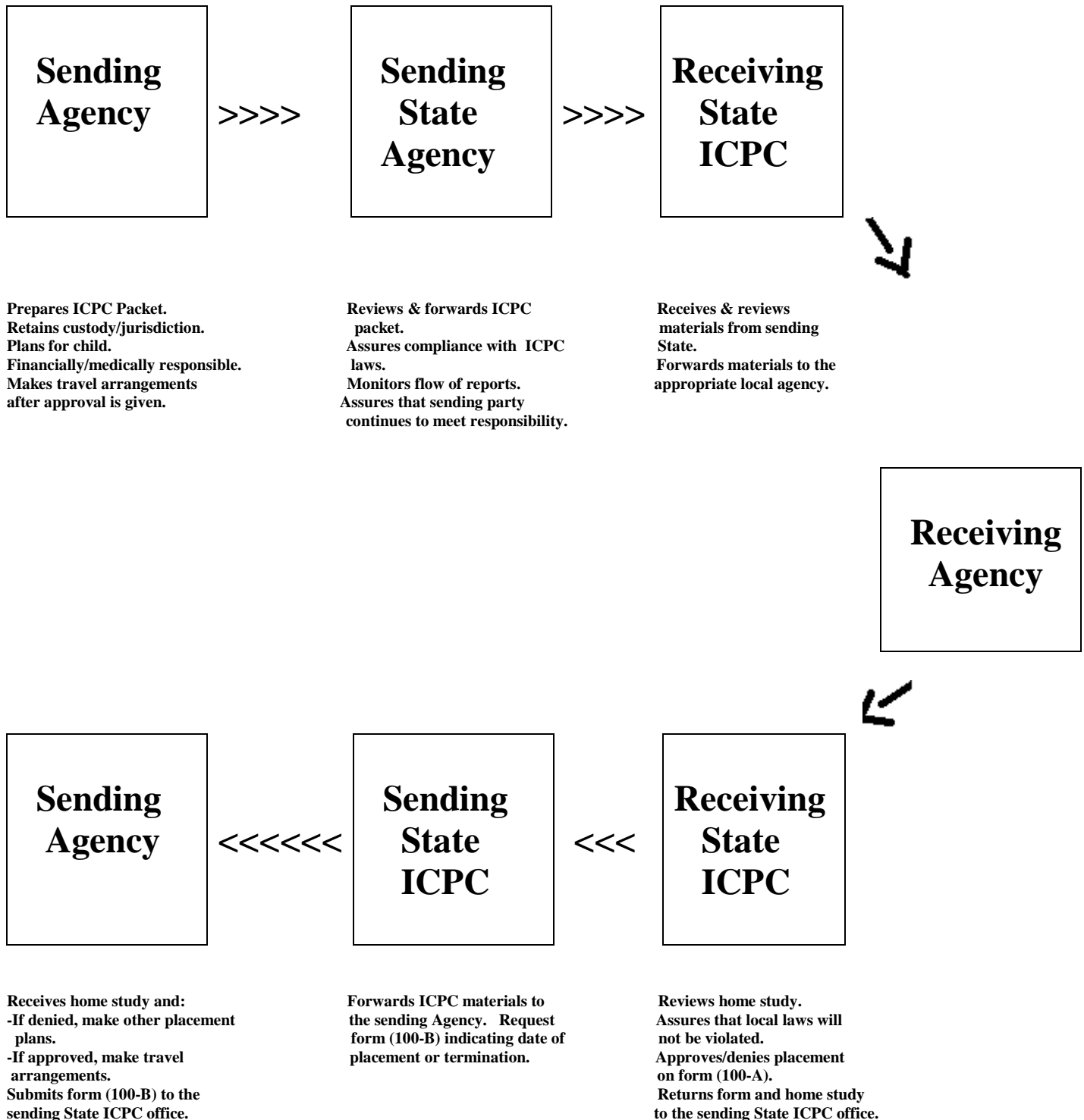
** WHEN A CHILD IS A WARD OF THE STATE*

Placements excluded from the ICPC:

- > BOARDING SCHOOLS**
- > MEDICAL FACILITIES, HOSPITALS, ETC.**
- > MENTAL HEALTH FACILITIES**
- > RELATIVE TO RELATIVE (NON-WARD)**
- > JOB CORPS**
- > MILITARY**

Procedures Flowchart

Request for ICPC Approval



Utah ICPC Checklist

(Parent, Relative, and Foster Care)

- ☐ 5 Completed copies of the 100A signed by worker (separate copies for each child)
(ICPC forms are located in SAFE in the Document Tab)
- ☐ 3 copies each of the following:
 - ☐ Cover letter (explaining need for out-of-state request and what is wanted from the receiving state)
 - ☐ Current court order showing agency involvement/agency custody
 - ☐ Social Summary
 - ☐ Current treatment (case) plan
 - ☐ Medical reports: Optimal, Psychological and Psychiatric reports
 - ☐ Educational transition plan (from local school district on how the IEP or SEP will be transferred to the new school district)
 - ☐ Financial plan (including how the education will be funded in the receiving state)
 - ☐ Documentation of child's special needs
- ☐ Cover letter clarifies the child's IV-E eligibility
- ☐ Does the 100A or cover letter document who is responsible for payment of expenses?
- ☐ Is the permanency plan identified for each child?
- ☐ Regulation 7 – Form 101, and all above, including the court order stating reason for Regulation 7.
- ☐ Social Security numbers

Worker signature date

Regional ICPC Coordinator date

703 Interstate Compact On Placement Of Children

Major objectives:

Child and Family Services shall adhere to the Interstate Compact on Placement of Children.

Applicable Law

Utah Code Ann. [§62-4a-701](#). Interstate Compact on Placement of Children -- Text. 183

Utah Code Ann. [§62-4a-702](#). Financial responsibility. 184

Utah Code Ann. [§62-4a-703](#). Division as public authority. 185

Utah Code Ann. [§62-4a-704](#). Director as authority. 186

Utah Code Ann. [§62-4a-705](#). Fulfillment of requirements. 187

Utah Code Ann. [§62-4a-706](#). Jurisdiction over delinquent children. 188

Utah Code Ann. [§62-4a-707](#). Executive -- Authority. 189

Utah Code Ann. [§62-4a-708](#). Existing authority for child placement continues. 190

Utah Code Ann. [§62-4a-709](#). Medical assistance identification. 191

Definitions

As used in this compact:

A. **"Child"** means a person who, by reason of minority, is legally subject to parental, guardianship, or similar control.

B. **"Sending agency"** means a party state, officer, or employee thereof; a subdivision of a party state, or officer or employee thereof; a court of a party state; a person, corporation, association, Indian tribe, charitable agency, or other entity which sends, brings, or causes to be sent or brought any child to another party state.

C. **"Receiving state"** means the state to which a child is sent, brought, or caused to be sent or brought, whether by public authorities or private persons or agencies, and whether for placement with state or local public authorities or for placement with private agencies or persons.

D. **"Placement"** means the arrangement for the care of a child in a family, adoptive, or boarding home, or in a child-caring agency or institution but does not include any institution caring for the mentally ill, mentally defective, or epileptic or any institution, primarily educational in character, and any hospital or other medical facility.

Conditions for Placement

A. No sending agency shall send, bring, or cause to be sent or brought into any

other party state any child for placement in foster care or as a preliminary to a possible adoption unless the sending agency shall comply with each and every requirement set forth in this article and with the applicable laws of the receiving state governing the placement of children therein.

B. Prior to sending, bringing, or causing any child to be sent or brought into a receiving state for placement in foster care or as a preliminary to a possible adoption, the sending agency shall furnish the appropriate public authorities in the receiving state written notice of the intention to send, bring, or place the child in the receiving state.

The notice shall contain:

1. The name, date, and place of birth of the child.
2. The identity and address or addresses of the parents or legal guardian.
3. The name and address of the person, agency, or institution to or with which the sending agency proposes to send, bring, or place the child.
4. A full statement of the reasons for such proposed action and evidence of the authority pursuant to which the placement is proposed to be made.
5. Any public officer or agency in a receiving agency state which is in receipt of a notice pursuant to paragraph B of this article may request of the sending agency, or any other appropriate officer or agency of or in the sending agency's state, and shall be entitled to receive therefrom, such supporting or additional information as it may deem necessary under the circumstances to carry out the purpose and principles of this compact.
6. The child shall not be sent, brought, or caused to be sent or brought into the receiving state until the appropriate public authorities in the receiving state shall notify the sending agency, in writing, to the effect that the proposed placement does not appear to be contrary to the interests of the child.

Retention of Jurisdiction

A. The sending agency shall retain jurisdiction over the child sufficient to determine all matters in relation to the custody, supervision, care, treatment, and disposition of the child which it would have had if the child had remained in the sending agency's state, until the child is adopted, reaches majority, becomes self-supporting, or is discharged with the concurrence of the appropriate authority in the receiving state. Such jurisdiction shall also include the power to effect or cause the return of the child or its transfer to another location and custody pursuant to law. The sending agency shall continue to have financial responsibility for support and maintenance of the child during the period of the

placement. Nothing contained herein shall defeat a claim of jurisdiction by a receiving state sufficient to deal with an act of delinquency or crime committed therein.

B. When the sending agency is a public agency, it may enter into an agreement with an authorized public or private agency in the receiving state providing for the performance of one or more services in respect of such case by the latter as agent for the sending agency.

C. Nothing in this compact shall be construed to prevent any agency authorized to place children in the receiving agency from performing services or acting as agent in the receiving agency jurisdiction for a private charitable agency of the sending agency; nor to prevent the receiving agency from discharging financial responsibility for the support and maintenance of a child who has been placed on behalf of the sending agency without relieving the responsibility set forth in paragraph A.

Institutional Care of Delinquent Children

A child adjudicated delinquent may be placed in an institution in another party jurisdiction pursuant to this compact, but no such placement shall be made unless the child is given a court hearing on notice to the parent or guardian with opportunity to be heard, prior to his or her being sent to such other party jurisdiction for institutional care and the court finds that:

- a. Equivalent facilities for the child are not available in the sending agency's jurisdiction; and
- b. Institutional care in the other jurisdiction is in the best interest of the child and will not produce undue hardship.

Compact Administrator

The executive head of each jurisdiction party to this compact shall designate an officer who shall be general coordinator of activities under this compact in his jurisdiction and who, acting jointly with like officers of the party jurisdictions, shall have power to 286 promulgate rules and regulations to carry out more effectively the terms and provisions 287 of this compact.

Limitations

This compact shall not apply to:

- A. The sending or bringing of a child into a receiving state by his parent, stepparent, grandparent, adult brother or sister, adult uncle or aunt, or his guardian and leaving the child with any such relative or nonagency guardian in the receiving state.
- B. Any placement, sending, or bringing of a child into a receiving state pursuant to any other interstate compact to which both the state from which the child is sent or brought and the receiving state are party or to any other agreement between said states which has the force of law.

ICPC



Interstate Compact Placement of Children

Steps for an Eligibility Worker to take for Foster Children placed in Utah from another State

- ☀ Case approval is sent to the Regional Eligibility Coordinator from Mike Chapman, State ICPC Coordinator. This information will include the “OK” to open a Utah Foster Care Medicaid case for the child. For incoming ICPC Foster Care cases the Medicaid Eligibility requirements are:
 - ✓ ICPC 100 A.
 - ✓ ICPC 100 B.
 - ✓ Documentation of Title IV-E Eligibility.
 - ✓ Schedule of foster care payments with the start date and the amount.
 - ✓ Court order.
- ☀ Send the DHS/DCFS ICPC Medicaid Application to the assigned Utah caseworker, the sending state caseworker or the foster parent to complete and sign.
- ☀ Upon receipt of the completed application, open a Foster Care Medicaid case in PACMIS beginning the date indicated in the ICPC information. Notify Mike Chapman of the child’s Medicaid eligibility. Send him the child’s name, HLCI and the effective date of the Medicaid eligibility.
- ☀ For the HMO assignment, contact the HPR in the area where the child is living.
- ☀ If a PSI case is opened in SAFE, assign yourself as a secondary worker.
- ☀ Update address information in PACMIS, as needed to insure correct mailing of Medicaid card and reviews.
- ☀ Complete a review of Foster Care Medicaid benefit at least every 12 months.
- ☀ Close the Foster Care Medicaid case when notified that the child has left Utah or that an adoption has occurred. **Do not** close the FC Medicaid case automatically when the PSI case closes in SAFE. Please check with the caseworker, ICPC Coordinator and/or foster parent about the current status of the child. Utah may no longer be offering courtesy supervision to the placement, but the child may remain eligible for FC Medicaid.

For State Use Only

Client ID# _____

MEDICAID APPLICATION
For Foster Child Entering Utah by the
Interstate Compact on the Placement of Children (ICPC)

Child (Applicant) and Foster Family Information

Application Date: _____

Child's Name (last, first, middle)	Social Security Number	Date of Birth (MM-DD-YYYY)
Current Address: (post office box & street, city, state, zip)		County
Foster Parent Name(s)		Telephone #

1. Originating State: State with custody of child _____

2. Ethnic Background: What is the child's ethnic background? (Check One)

____ American Indian ____ Hispanic
____ Asian/Pacific Islander ____ White/Non Hispanic
____ Black/Non Hispanic ____ Other _____

3. Student Status: Is the child a student?

____ Yes School: _____ District: _____
Full time student? ____ Yes ____ No
____ No Describe Reason: _____

4. Citizenship: Is the child a U.S. citizen? Federal law now requires verification of the child's citizenship through documentary evidence.

____ Yes School: _____ District: _____
Full time student? ____ Yes ____ No
____ No Describe Reason: _____

5. Identity Documentation: Federal law now requires verification of the child's identity through documentary evidence. *(Identity must be verified with an original document. If the child is under age 16 please complete the attached Affidavit of Identity. If over age 16 the caseworker or eligibility worker will need to see the original document for verification purposes.)*

☐ Driver license ☐ State issued ID card
☐ School issued photo ID card ☐ Affidavit of Identity (*under age 16, attached*)

6. Disability:

Is the child blind? ☐ Yes ☐ No
Is the child disabled? ☐ Yes ☐ No
Is the child receiving Supplemental Security Income (SSI)? ☐ Yes ☐ No

7. Health Insurance: Is the child covered by any health insurance?

☐ Yes If yes, please provide the following:
Insurance Company Name: _____
Insurance Company Phone: _____
Name of Policy Holder: _____
Policy #: _____ Effective Start Date: _____

☐ No

8. Accident: Has the child been injured in an accident or assault for which the child is or will be receiving medical treatment?

☐ Yes If yes, please provide the following:
Name of Injured Party: _____
Name of Liable Party:: _____
Name and Phone # of Attorney: _____
Brief Description of Injury: _____

☐ No

9. Other Responsible Party: Is any other person providing medical insurance for the child?

☐ Yes If yes, please provide the following:
Insurance Company Name: _____
Insurance Company Phone: _____
Name of Policy Holder: _____
Policy #: _____ Effective Start Date: _____

☐ No

10. Major Medical Need: Does the child have both a major medical need (such as cancer, AIDS, diabetes, heart disease, ALS, or pregnancy) and either (1) Insurance available that the parents have not purchased, or (2) Insurance that has terminated within the past 60 days?

☐ Yes If yes, please provide the following:
Insurance Company Name: _____
Insurance Company Phone: _____

Name of Policy Holder: _____

Policy #: _____ Effective Start Date: _____

_____ No

11. If insurance was available, but was not obtained for the child, please indicate reason below.

- ☐ Premiums or deductibles are too high.
- ☐ Concern that family coverage will reach maximum.
- ☐ Medical condition will require excessive out of pocket expense.
- ☐ Other (please describe) _____

Before You Sign This Application, Please Ensure You Understand the Information Below.
If you have any questions, please ask the eligibility worker.

I verify that the child for whom this application is submitted is a U.S. citizen or an alien in lawful immigration status. The Division of Child and Family Services will verify reported alien registration numbers with the Immigration and Naturalization Service (INS). The Division will not report undocumented household members to INS.

The medical assistance program rules will be followed for this child. If the child receives medical assistance that s/he is not eligible to receive, I will be responsible for repaying the medical assistance. I will allow only the child named on the medical card to use the medical card.

If the Utah Department of Health pays for the child's medical care, I assign to the Department rights to payments from any third party and to benefits for medical services. I will give to the Department any money I collect from an insurance policy or from someone required to pay for the child's medical expenses. I authorize payment directly to the Department of Health or the Office of Recovery Services and will hold harmless any party making payment to them. I agree to cooperate with the State of Utah to establish medical support for my family and in pursuing any third party responsible for medical expenses. I agree to cooperate with the State of Utah to establish and collect alimony and child support for my family.

I agree that the assistance I receive under any medical program is limited to that described in the Provider Manuals that the Utah Department of Health has written. I understand the medical benefits my child is eligible to receive through Medicaid may be changed without my knowledge or consent.

I authorize any person or organization to release medical records or information about my child to the Department of Health, Division of Health Care Financing or designee. The Department of Health, the Department of Work Force Services, and the Department of Human Services may give health care providers information about my child's eligibility for medical assistance.

I give permission for ANY INFORMATION LISTED ON THIS FORM TO BE VERIFIED. My child's medical benefits may be reduced, denied, or stopped because of information received. I understand that failure to report changes and any false information given on this application, or subsequently provided, may result in prosecution for fraud. I understand that I may ask for a fair hearing if I disagree with the decision made on this application.

I (print name) _____ read or had read to me the statements on this page. I understand those statements. I am an individual who is legally responsible for the child for whom this application is submitted. Under penalty of perjury, I swear that the answers I have given on this application are complete and correct. I am the person represented by the signature on this document.

Signature

Date

For State Use Only

State with Custody of Child: _____ Statement of IV-E Eligibility Received
Yes No

ICPC Documentation Received Yes No Utah Medicaid Eligibility: FC/F FC/D
FC/B

Eligibility Worker: _____ *Date:* _____ *Pacmis #*

Your Rights and Responsibilities

You have the right to:

- Apply or reapply any time you wish for any medical program offered by the Department of Health. Another person may help you apply if you need help.
- Know why we approved or denied your application and the reasons for the decision. For medical assistance, we must give you a decision within 30 days or 90 days if you claim to be disabled unless you need more time.
- Know if we reduce, stop, or hold your assistance and why. In most cases, we will tell you 10 days before we do.
- Do the following things if you do not agree with decisions regarding your case:
 - A. Talk to your eligibility worker. Make sure you are not misunderstanding each other.
 - B. Talk to your worker's supervisor.
 - C. Talk to Constituent Services. This telephone number is 538-6417 or call toll-free 1-877-291-5583.
 - D. Request a Fair Hearing with an impartial Hearing Examiner.
 - E. Request legal representation regarding your fair hearing. You may be entitled to free legal assistance from Utah Legal Services. In Ogden call 394-9431. In Salt Lake, call 328-8891. The toll free number is 1-800-662-2538. You may also receive a referral for legal advice from the Salt Lake Lawyer Referral at 531-9075.
- Look at the information collected by the Division of Child and Family Services about your child's case. Information about your child and your child's case is confidential. The information may be given to other agencies if they need information to administer the program to help your child.

Your Responsibilities:

Verify Information: You must provide the Social Security number for your child who is applying for medical assistance. If you do not have a number, you must prove you have applied. Your child may be eligible for assistance while s/he is waiting to receive a number. Giving us your child's Social Security Number is required under the Social Security Act.

Your child's Social Security number will be used with the State Income and Eligibility Verification System (an electronic match system) to make sure that your child is eligible for federal assistance programs. Computer matching, program reviews, and audits may be done with Job Service, Immigration and Naturalization, Social Security, and Internal Revenue Service records. We may also do inquiries to any other organizations that may have eligibility information about your child. Computer checks will be done when you apply after you receive assistance. You must give us proofs

to show that your child is eligible for assistance. If you do not understand what we need or you cannot give us the proof we are asking for, talk to your eligibility worker.

Cooperate: You must cooperate in any review of your case by Quality Control, Recovery Services, the Bureau of Eligibility Review, and the Division of Child and Family Services. You must also cooperate in providing information about any other sources of medical payments and obtaining medical support. If you feel you could be harmed by giving this information, you can request a “good cause” claim. Your worker can explain this procedure. You must report changes in your circumstances.

Changes You Must Report:

Remember that you are required to report changes in your situation within 10 days of the day you learn of the change. Do not delay reporting changes. Changes can effect the amount of your child’s benefits or your child’s eligibility. If you receive more than you are eligible to receive, you will have to repay that amount.

Change in Child Status

Immediately report to the eligibility worker if this child’s status changes, such as getting married or joining the military.

No Longer Providing Support for the Child

Notify the eligibility worker if you are no longer caring for this foster child.

You Are Moving to a New Location

Notify the eligibility worker if you are moving to a new location within Utah or outside of Utah.

Change in Insurance Coverage

Notify the eligibility worker of changes in access to insurance coverage or enrollment in any health coverage plan for the child and of any accidents or injuries which may be payable by a third party.

Eligibility Worker _____ **Phone #** _____

Affidavit of Identity of Minor Child / Children

DATE: _____

Child's Name	Date of Birth	Place of Birth	Case Number

Under penalty of perjury, I declare that each child named above, who is under the age of 16, for whom I have applied for Medicaid / CHIP benefits is the same individual for whom birth verification has been provided.

Adult Signature_____
Relationship_____
Witness*_____
Title/Relationship

*Witness only required if adult signature is an "X", or by mark.

UTAH DEPARTMENT OF HEALTH, DIVISION OF HEALTH CARE FINANCING
NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU MAY ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. Effective: 04/14/2003

The Utah Department of Health, Division of Health Care Financing (DHCF) is committed to protecting your medical information. DHCF is required by law to maintain the privacy of your medical information, provide this notice to you, and abide by the terms of this notice.

CONFIDENTIALITY PRACTICES AND USES

DHCF may use your health information for conducting our business. Examples:

Treatment - to appropriately determine approvals or denials of your medical treatment. For example, DHCF health care professionals who may review your treatment plan by your health care provider for medical necessity if a Medicaid recipient or for program listed services if a Primary Care Network (PCN) recipient.

Payment - to determine your eligibility in the Medicaid or PCN program and make payment to your health care provider. For example, your health care provider may send claims for payment to DHCF for medical services provided to you, if appropriate.

Health Care Operations - to evaluate the performance of a health plan or a health care provider. For example, DHCF contracts with consultants who review the records of hospitals and other organizations to determine the quality of care you received.

Informational Purposes - to give you helpful information such as health plan choices, program benefit updates, free medical exams and consumer protection information.

YOUR INDIVIDUAL RIGHTS

You have the right to:

- Request restrictions on how we use and share your health information. We will consider all requests for restrictions carefully but are not required to agree to any restriction.
- Request that we use a specific telephone number or address to communicate with you.
- Inspect and copy your health information, including medical and billing records. Fees may apply. Under limited circumstances, we may deny you access to a portion of your health information and you may request a review of the denial. *
- Request corrections or additions to your health information. *
- Request an accounting of certain disclosures of your health information made by us. The accounting does not include disclosures made for treatment, payment, and health care operations and some disclosures required by law. Your request must state the period of time desired for the accounting, which must be within the six years prior to your request and exclude dates prior to April 14, 2003. The first accounting is free but a fee will apply if more than one request is made in a 12-month period.*
- Request a paper copy of this notice even if you agree to receive it electronically.

Requests marked with a star (*) must be made in writing. Contact the Medicaid/DHCF or PCN Privacy Officer for the appropriate form for your request.

SHARING YOUR HEALTH INFORMATION

There are limited situations when we are permitted or required to disclose health information without your signed authorization. These situations include activities necessary to administer the Medicaid and PCN programs and the following:

- For public health purposes such as reporting communicable diseases, work-related illnesses, or other diseases and injuries permitted by law; reporting births and deaths; and reporting reactions to drugs and problems with medical devices
- To protect victims of abuse, neglect, or domestic violence
- For health oversight activities such as investigations, audits, and inspections
- For lawsuits and similar proceedings

- When otherwise required by law
- When requested by law enforcement as required by law or court order
- To coroners, medical examiners, and funeral directors
- For organ and tissue donation
- For research approved by our review process under strict federal guidelines
- To reduce or prevent a serious threat to public health and safety
- For workers' compensation or other similar programs if you are injured at work
- For specialized government functions such as intelligence and national security

All other uses and disclosures, not described in this notice, require your signed authorization. You may revoke your authorization at any time with a written statement.

OUR PRIVACY RESPONSIBILITIES

DHCF is required by law to:

- Maintain the privacy of your health information
- Provide this notice that describes the ways we may use and share your health information
- Follow the terms of the notice currently in effect.

We reserve the right to make changes to this notice at any time and make the new privacy practices effective for all information we maintain. Current notices will be posted in DHCF offices and on our website, <http://health.utah.gov/hipaa>. You may also request a copy of any notice from your Medicaid/DHCF or PCN Privacy Officer listed below:

CONTACT US

If you would like further information about your privacy rights, are concerned that your privacy rights have been violated, or disagree with a decision that we made about access to your health information, Medicaid recipients should contact the DHCF Privacy Officer, Craig Devashrayee, 801-538-6641; 288 North 1460 West, 3rd Floor, PO Box 143102, Salt Lake City, Utah 84114-3102; cdevashrayee@utah.gov.

Primary Care Network (PCN) recipients should contact the PCN Privacy Officer, Gayleen Henderson, 801-538-6135; 288 North 1460 West, 4th Floor, PO Box 144102, Salt Lake City, UT 84114-4102; ghenderson@utah.gov.

We will investigate all complaints and will not retaliate against you for filing a complaint.

You may also file a written complaint with the Office of Civil Rights, 200 Independence Avenue, S. W. Room 509F HHH Bldg., Washington, DC 20201